



UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA (Rev. 03/2018)			TRANSCRIPT ORDER <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> <i>Please read instructions on next page.</i>						COURT USE ONLY NOTES:					
1a. CONTACT PERSON FOR THIS ORDER Tracey Bodway				2a. CONTACT PHONE NUMBER 612-664-5858				3. CONTACT EMAIL ADDRESS zzMNFDMailbox@fd.org						
1b. ATTORNEY NAME (if different) Manny K. Atwal				2b. ATTORNEY PHONE NUMBER 612-664-5858				3. ATTORNEY EMAIL ADDRESS Manny_atwal@fd.org						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Office of the Federal Defender Suite 107 US Courthouse 300 South Fourth Street Minneapolis, MN 55415				5. CASE NAME (Include defendant number, for criminal cases only) US v Paul R. Hansmeier				6. CASE NUMBER Cr 16-334(1) (JNE/KMM)						
				8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY):								CJA: Do not use this form; use AUTH24 in CJA.		
7. COURT REPORTER NAME, if applicable Kristine Mousseau				<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL				<input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> Standing Order (MDL only)						
				9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:										
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) <i>NOTE: ECF access is included.</i>				c. DELIVERY TYPE <i>Delivery times are not guaranteed.</i>							
DATE	JUDGE (initials)	PORTION if requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)	
8/17/2018	JNE		1				X							
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE			
11. SIGNATURE   for MKA											8/23/18			